



## Your Thoughts Count!

Please take a moment to provide some feedback on today's program.

**Date:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_

1. Which department do you work for? \_\_\_\_\_

2. How did you hear about today's program?

- ☐ Email
- ☐ Poster/flier at my work location
- ☐ From a co-worker
- ☐ Other: \_\_\_\_\_

3. Did you find this program interesting and informative?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: \_\_\_\_\_

4. Would you recommend this program to others?

- ☐ Yes
- ☐ Maybe
- ☐ No

Comments: \_\_\_\_\_

5. Was it easy for you to attend this session?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: \_\_\_\_\_

6. Was this a convenient location and time for a program?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: \_\_\_\_\_

7. Please provide ideas for future wellness programs and activities at your worksite (or other comments/feedback about this program):

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**Thanks for your input!**